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CONFIRMATION NO. 4116

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| SERIAL NUMBER<br>10/643,771 | FILING DATE<br>08/19/2003<br><br>RULE | CLASS<br>433 | GROUP ART UNIT<br>3732 | ATTORNEY DOCKET NO.<br>58449US002 |
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

None MB

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

None MB

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 11/12/2003

|   |                           |                        |                       |                            |
|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY<br>MN | SHEETS<br>DRAWING<br>3 | TOTAL<br>CLAIMS<br>67 | INDEPENDENT<br>CLAIMS<br>6 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                           |                        |                       |                            |
| Verified and Acknowledged<br>Examiner's Signature <i>MB</i> Initials  |                           |                        |                       |                            |

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## TITLE

Dental crown forms and methods

|                                |   |   |
|--------------------------------|---|---|
| FILING FEE<br>RECEIVED<br>2004 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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